

10/567876

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: Utility
Title Line One:: Metalloproteinase Gene Polymorphism in
Title Line Two:: COPD
Attorney Docket Number:: 41543-0302-US
Request for Early
Publication?:: No
Request for
Non-Publication?:: No
Suggested Drawing Figure:: 2
Total Drawing Sheets:: 3
Small Entity?:: Yes
Petition Included?:: No
Secrecy Order in Parent
Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship
Country:: US
Status:: Full Capacity
Inventor One Given Name:: Yohannes
Family Name:: Tesfaigzi
City of Residence:: Albuquerque
State or Province of
Residence:: New Mexico
Country of Residence:: US
Street of Mailing Address:: 901 Wind River Street, S.E.
City of Mailing Address:: Albuquerque

State or Province of
Mailing Address:: New Mexico
Country of Mailing Address:: US
Postal or Zip Code of Mailing
Address:: 87123
Applicant Authority Type:: Inventor
Primary Citizenship
Country:: US
Status:: Full Capacity
Inventor Two Given Name:: Steven
Middle Name:: A.
Family Name:: Belinsky
City of Residence:: Albuquerque
State or Province of
Residence:: New Mexico
Country of Residence:: US
Street of Mailing Address:: 13604 Crested Butte Drive, N.E.
City of Mailing Address:: Albuquerque
State or Province of
Mailing Address:: New Mexico
Country of Mailing Address:: US
Postal or Zip Code of Mailing
Address:: 87112

CORRESPONDENCE INFORMATION

Correspondence Customer

No. 005179
Phone Number:: (505) 998-1500
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E-Mail Address:: info@peacocklaw.com

REPRESENTATIVE INFORMATION**Representative Customer****Number:: 005179****DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US04/26035	08/11/2004
PCT/US04/26035	An application Claiming the Benefit Under 35 USC 119(e)	60/494,631	08/11/2003

ASSIGNEE INFORMATION**Assignee Name:: Lovelace Respiratory Research Institute****Street of Mailing Address:: 2425 Ridgecrest, S.E.****City of Mailing Address:: Albuquerque****State or Province of Mailing****Address: New Mexico****Country of Mailing Address:: US****Postal or Zip Code of Mailing****Address:: 87108**